which included the posterior third of the border of the foramen magnum, and within a few days the wasted part of the tongue began to grow larger, and within a month had nearly regained its former size and muscular power.

This, and a case of unilateral atrophy of the tongue, recently recorded by Mr. W. Fairlie Clarke, in the *British Medical Journal* for July 8, 1871, are the only instances of the kind with which we are acquainted.

We must, in conclusion, congratulate the members of the Clinical Society on the excellent result of their year's work; we know of no serial volume of the same size which contains so many interesting and valuable communications.

J. A., JR.

ART. XXV.—*St. George's Hospital Reports.* Edited by JOHN W. OGLE, M.D., F.R.C.P., and TIMOTHY HOLMES, F.R.C.S. Vol. V., 1870. 8vo. pp. 382. London: J. & A. Churchill, 1871.

THE fifth volume of this series, the early numbers of which gave promise of much value, is before us, and upon examination of it we regret to find that the resources of St. George's Hospital do not appear to have been extensively utilized for the enrichment of the Reports, as the present volume has but a minority of the staff for its contributors. In accordance with our custom, we will analyze the twenty-one articles of which it is composed.

Art. I. *Jottings from Practice*, by H. W. FULLER, M.D.—Dr. Fuller writes on cases of functional disturbance of the heart's action accompanied by intense murmur, which in the closest manner simulates serious organic valvular mischief. The true character of these cases, he thinks, is often overlooked, but with care their diagnosis can be made with tolerable certainty. The location of the murmur is not to be relied upon, and more certain evidence is to be obtained from the position of the heart and the history of the case. The chief diagnostic elements of the disorder are the forcible and turbulent action of the heart with the apex beat in its normal position, little or no febrile disturbance, and the absence of any history of former cardiac disease.

There is another point on which Dr. Fuller lays stress, namely, the pathological significance of *organic* murmurs, and of this it is impossible to judge from a single examination. The importance of any murmur is strictly proportioned to the amount of obstruction which the mischief in which it originates offers to the onward current of the blood, and of this no single examination will enable us to judge. A minute bead of fibrin may be so located on a valve as to give rise to a sharp eddy, productive of a loud, rough, and persistent murmur, and yet not offer any serious impediment to the onward flow of blood; whereas in another instance the valves may be damaged in such a way as to cause very little murmur, and yet seriously obstruct the onward flow of blood, and thus may lead rapidly to hypertrophy and dilatation. Therefore, we should be careful not to be over-hasty in forming our prognosis in these cases. Several examinations, conducted at considerable intervals, will often be needed to determine with certainty whether a murmur is organic or functional; and even when this point is decided, the practical importance of the lesion, the degree to which it interferes with the circulation, and the rapidity, therefore, with which it will induce hypertrophy and dilatation, and lead to dropsy, dyspnœa, and death, are only to be ascertained by carefully noting the condition of the heart as regards its sounds, its impulse, and the position of apex beat, at several examinations, conducted at intervals of three or four months.

Dr. Fuller also calls attention to the degree to which these organic lesions will sometimes admit of repair when the patient is placed under favourable circumstances, and this reparative action, he thinks, takes place to a far greater degree than is generally supposed, and in proof of it cites the following reremarkable case:—

> "In the year 1865 I was consulted about a young man, æt. 17, who had suffered from rheumatic fever at the age of 15, and again a twelvemonth afterwards; on which last occasion he was reported to have had inflammation of the heart. When first brought to me, he was suffering severely from palpitation, with a heaving impulse of the heart visible through his clothes, and an extremely loud and rough systolic mitral murmur. His father was aware of his son's condition, for his medical attendant had told him that the heart was irretrievably damaged, and that dropsy was the inevitable result. I so far confirmed this gentleman's opinion as to tell the father that the mitral valve was damaged, and that, unless the mischief were to subside under treatment, the case would probably terminate fatally at no distant date. But having said thus much, I told him that, as the apex of the heart was beating almost in its natural position, there were fair grounds for hoping that the mischief was not so serious as the physical signs appeared to indicate, and that treatment might be productive of real benefit, and I instanced several cases of partial or complete repair which I had met with in practice. Further, I entreated the father not to regard the case as hopeless, but to do all that was necessary to give his son a chance of recovery. I explained that complete rest, with freedom from excitement, for two or three years, was absolutely essential, as was also a long-continued course of iron, together with cardiac sedatives, and that throughout the period of treatment the utmost care would be needed to regulate the secretions, and avoid a recurrence of rheumatism. My injunctions were faithfully carried out by both father and son, and my patient was brought to me every three months, that I might note the progress of events. Before the end of a twelvemonth considerable improvement had taken place, and when he came to me last March for a certificate of health, with a view to a public appointment, the heart's action was so quiet and regular, the apex beat so nearly in its normal position, and the murmur so faintly audible, that I verily believe the disease would have escaped detection except under the closest examination."

In some remarks on *paracentesis thoracis*, Dr. Fuller claims that entrance of air into the pleural cavity is not attended by any injury to the patient, that it is impossible to prevent it, and that instruments devised for the purpose are not only injurious, but also useless, or worse than useless, as it is physically impossible in the majority of cases to *empty* the chest by their agency, for the lungs in many instances are permanently or temporarily incapable of expanding, and expansion can only be brought about by the natural inspiratory efforts after a period of many months. In these cases it is as impossible to empty the chest as it is to empty a cask by tapping it without admitting air.

Dr. Fuller summarizes his advice as follows:—

> "1. Tap whenever dyspnœa is very urgent, or as soon as it becomes evident that remedies fail to produce absorption of the fluid in the chest. 2. Tap as low down as possible, and make a free opening [either by a full-sized trocar or a scalpel], allowing the chest to empty itself thoroughly. 3. So far as possible, avoid causing any local irritation. 4. If the fluid withdrawn is serous or sero-sanguineous, close the opening with carbolic plaster as soon as the operation is concluded; if, on the contrary, the fluid is purulent, adopt some means to prevent the wound from closing, and take care that the matter is allowed to drain off as fast as it is formed. 5. After the operation support the patient by bark and good nourishment, and for a day or two give him opium if necessary."

Out of the large number of cases (under Dr. Fuller's care at St. George's Hospital) in which tapping has been performed, only one has proved fatal.

Dr. Fuller in these jottings also comments on *Osteo-Arthritis, or so-called Rheumatic Gout; its Analogies, Natural Affinities, and Antagonisms.* The similarity of the general symptoms of osteo-arthritis, or as it is often called, rheumatoid arthritis, to those of well-known constitutional disorders, is too obvious to require specific mention, and the close analogy of its local symptoms to those of scrofulous joint disease has been pointed out by Collis, of Dublin, and the late Dr. Todd, but its natural affinities, and its strange yet well-marked antagonisms, appear almost to have escaped recognition. Dr. Fuller has discovered its affinity and its antagonism to phthisis pulmonalis. Out of 476 patients whose history he has carefully investigated, no less than 196 (40.3 per cent.) belonged to decidedly consumptive families, and in his entire experience he has only known five persons to die of consumption whose joints have been distorted by rheumatoid arthritis, and in all these five the active symptoms of the articular disease had long subsided before the phthisis began.

The antagonism of rheumatoid arthritis to albuminuria, Dr. Fuller finds, is even more striking. In examining the urine in many hundreds of these cases, he has never detected the presence of albumen. This is the more remarkable since albuminuria occurs to a greater or less extent in acute or chronic disease, and may be regarded as the natural accompaniment of old cases of chronic gout. Indeed, the contrast afforded by the urine, in cases of rheumatoid arthritis and of chronic gout, may often serve as a means of diagnosis between the two diseases.

The concluding jotting, entitled *The Secretions as Guides to Treatment*, is very instructive, and we wish all our readers could peruse it. Dr. Fuller lays stress upon the point that in disease we should always examine the secretions, and prescribe according to their monitions, and attributes the failure of remedies oftentimes to produce their well-known effects, to a neglect of this rule. In illustration of this he cites several striking examples.

Art. II. *The Effects of Overwork and Strain on the Heart and Great Blood-vessels*, by T. CLIFFORD ALLBUTT, M.D.—The effect of overwork and strain has, for the most part, been overlooked in the consideration of the causation of heart disease, and it is only recently that its importance in this respect has been prominently set forth. Dr. Allbutt finds that English authors have overlooked this cause, and with foreign writers, likewise, "the mechanical causation of heart disease is either omitted, or is treated in a way so meagre as to be worthless." He refers to the pamphlet recently published by Mr. Myers, on *Diseases of Heart among Soldiers*, who, however, was anticipated by the observations made during the recent war in this country, especially those of Dr. Da Costa, of which Dr. Allbutt seems entirely ignorant.

Dr. Da Costa, in 1867, directed attention to cases of valvular disease, originating after heavy marching and violent exertion, which were probably the consequences of preceding enlargement (*United States Sanitary Commission Memoirs, Medical:* New York, 1867. Chap. X.). The most frequent cause of this hypertrophy he found to be persistent functional disorder, especially that disorder which he has described[1] as "irritable heart" Dr. Allbutt seems to have observed the same causation at work in a heavily labouring district in which he resides.

Art. III. *On Scarlet Fever*, by E. COPEMAN, M.D.—In this paper the author contends that scarlet fever is propagated and intensified by the exposure of the excreta of those who are affected by it, and that a speedy removal and disinfecting of these excreta will prove the best means of limiting the disease, and rendering it milder in its character. Dr. C. believes good air, good water, and good diet to be the tripod of success in the treatment of this disease, and that these "three agents afforded us are far more powerful than any we can supply."

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[1] See American Journal of the Medical Sciences, January, 1871.

Art. IV. *Cases of Accidental Poisoning*, by C. Paget Blake, M.D.—The first case is that of a lady who swallowed, by mistake, about three grains of veratria, in a liniment prescribed for severe tic douloureux from which she was suffering. Recovery resulted under the administration of sulphate of zinc emetic and tannic acid, given with a view of forming an insoluble precipitate with any unassimilated veratria that might be present.

The second and third cases were of poisoning by caustic ammonia.

Art. V. *The Modern Treatment of Syphilis; based on the Evidence adduced before the Committee appointed to inquire into the Pathology and Treatment of the Venereal Disease*, published in 1867, by Edgecombe Venning, Esq. —The object of this paper is to present a concise statement of the conclusions, as regards the pathology and treatment of syphilis, to be deduced from the evidence elicited by the committee appointed by the British Lords Commissioners of the Admiralty, in the year 1864. Their report is marked by the great diversity of opinions expressed by most of the leading members of the profession on both the pathology and treatment of syphilis.

Art. VI. *On Scrofula*, by J. Warrington Haward, Esq.—The author here sets forth his belief that the great majority of chronic bone and joint diseases are in no way connected with scrofula, which he defines as "a disease of children, which manifests itself by a peculiar vulnerability and proneness of the subject to chronic inflammations of the mucous membranes and skin, lymphatic system, and bones; which inflammations are characterized by great pertinacity, and the products of which have a retrograde tendency." The author denies the identity of scrofula and tubercle, and considers the associated symptoms of scrofula as manifestations of the same morbid process, differing only with the difference of the tissues in which they occur. Thus, the same irritation which produces the catarrhal symptoms when affecting the mucous membrane of the eyes and nose, produces, when it attacks the bowels, a similar catarrh or diarrhœa; or, in the lungs, a bronchitis or pneumonia. All these consist of a hyperplasia of the cellular elements of the affected tissue, which elements, being multiplied on a free surface, are cast off by an accompanying catarrhal flux. The same thing occurring on the skin causes an eczema, which might be described as a catarrh of the skin. If, however, this increase of cell-elements occurs in a lymphatic gland, the result is different, simply because they cannot escape, but collect in its interior; it then gives rise to the swelling characterizing inflammation of these organs.

The treatment of scrofula, according to Mr. Haward, should be both general and local. The general should consist in favourable hygienic conditions, the use of cod-liver oil and iron; the local will vary with the position and manner in which the disease manifests itself. For the skin affections a stimulant treatment is generally best, locally; in the pustular eruptions quinia should be given with the cod-liver oil; and for the porrigo, an ointment of fifteen grains of the red oxide of mercury, with half an ounce of olive oil, and the same quantity of lard. For the serpiginous ulceration, the iodide of lead ointment is an excellent application. The enlarged glands should be left alone, as poulticing and painting with iodine, in Mr. Haward's opinion, do harm. If they suppurate, and the skin is evidently becoming thinned, a very small puncture may be made, the matter gently squeezed out, and slight pressure made by a pad of lint fixed on each side of the opening with strips of plaster. For the local treatment of the caries of scrofula Mr. Haward has found the application of sulphuric acid exceedingly useful in promoting the rapid separation of the diseased bone without the gouging and scraping which so often set up fresh mischief.

Art. VII. *On Recurrent Insanity*, by G. FIELDING BLANDFORD, M.D.—The author here discusses how far the subject of recurrent insanity is to be considered, for the ordinary purposes of life, of sane and responsible mind, of sound mind, memory, and understanding, and able to take care of himself and his affairs.

Art. VIII. *On Distrain of the Heart*, by REGINALD THOMPSON, M.D.—This paper is founded on three cases of sudden dilatation of the heart from accidental causes, and to this form of injury Dr. Thompson gives the name of "distrain." As regards the treatment of these cases, perfect rest is the most important remedial agent; and those narcotics which quiet the action of the heart and tend to reduce the number of pulsations—namely, conium, henbane, and belladonna—are more useful than digitalis, which seemed to Dr. Thompson to be of little service.

Art. IX. *Labio-glosso-laryngeal Paralysis*, by W. B. CHEADLE, M.D.—This article contains the history of two cases of the disease occurring in women, one æt. 55, ending in death, the other, æt. 42, ending in recovery. In the latter case syphilis was suspected to be at the root of the evil, and recovery (rendering the case particularly interesting) ensued under the long-continued use of iodide of potassium.

Art. X. *On the Etiology of Pneumonia*, by OCTAVIUS STURGES, M.D.—This paper is a discussion on the influence of the weather in the cause of pneumonia. The results arrived at are not conclusive.

Art. XI: *On Ankylosis*, by B. E. BRODHURST.—This instructive paper on the treatment of ankylosis concludes with the narration of the following very remarkable case of ankylosis of the entire skeleton:—

"At twenty-five years of age the patient contracted a gonorrhœal discharge, which was followed by synovial inflammation, with effusion into both knee-joints. He was confined to the house during a fortnight or three weeks, and was then again able to walk about. At this time, however, the swelling and stiffness of the knees had not quite subsided. The urethral discharge continued for two months, and then it ceased. Before three months had elapsed, the use of the knees was perfectly restored. At this period, he again contracted a gonorrhœal discharge, and it was followed, in the course of some few days, by inflammation of the left hip-joint, of both ankle-joints, and of the tarsal joints. The swelling and stiffness lasted longer on this than on the previous occasion, and indeed ten months passed before he was able to walk with sticks. Stiffness continued after this time yet for many months, but at length he regained the use of the affected joints.

"In November, 1852, a similar series of events occurred as before. On this occasion, however, both hip-joints became inflamed, as well as both ankle-joints and one knee-joint. The effusion and pain were greater on this than on any previous occasion, and he was longer in recovering. Indeed, he never entirely lost the stiffness about the hips, and had always difficulty in rising from a chair.

"In 1854 he married. Articular inflammation returned with redoubled violence, without any urethral discharge being present, and attacked in succession every articulation in the body.

"I found him with ankylosis of all the cervical vertebræ, and of most of the dorsal vertebræ, as well as of both hips. Subsequently, ankylosis took place of the temporo-maxillary articulations, the shoulder-joints, and the knees. And before death the entire skeleton was ankylosed: he could not even move his head."

Art. XII. *Observation on Scarlet Fever, especially with reference to its Epidemic Character*, by A. W. BARCLAY, M.D.—Dr. B. maintains that scarlet fever is propagated by a miasm, under certain circumstances, with which we are unacquainted. The miasm is capable of acquiring unusually infectious properties; and when in this condition it is introduced into a district, the disease assumes an epidemic character, which it does not possess under ordinary circumstances; the actual results of this unknown factor being more or less influenced by other agencies. Among these must be placed atmospheric causes, conditions of population bringing its individual members into contact with the infectious miasm, and those sanitary defects which lower the general health, especially if combined with poverty and starvation.

With reference to the means at our disposal for arresting the spread of the disease and aiding the recovery of the affected, experience teaches us that the scarlatinal miasm is to a certain extent unstable, and may be rendered innocuous by chemical decomposition. And the agents that may be employed for this purpose are deodorizers, as Burnett's solution and perchloride of iron, antiseptics, as carbolic acid, and disinfectants, as the burning of sulphur.

Art. XIII. *On the Relative Influence of Bread, Honey, and Sugar upon the Amount of Urea and Sugar excreted in Diabetes*, by W. WADHAM, M.D.—From experiments upon a case of diabetes under Dr. Wadham's care, the following interesting facts were elicited:—

"1. That, irrespective of any change of diet, the amount of urine, urea, and sugar excreted in diabetes varies very greatly from day to day.

"2. That the excess in either of these constituents does not appear to be accompanied by a decrease in the others.

"3. That the addition of honey to the diet causes an immediate rise in the quantity of urine, urea, and sugar excreted, the rise in all these becoming greater as the honey is continued.

"4. That only about half of the sugar given in this form appears to be eliminated by the kidneys in the form of sugar, the remainder being probably burnt off in the lungs or assimilated to the system.

"5. That whatever truth there may be in the asserted benefit derived from the dietetic use of honey in diabetes, in this case it certainly did not act beneficially by diminishing the amount of urea; for not only was the amount of urine, urea, and sugar greatly increased during its consumption, but after it was omitted all these remained higher than they had previously been, the increase being especially noticeable in the amount of urea."

Further experiments made upon other diabetics seemed to prove that the amount of sugar excreted in the urine is far larger after the consumption of a given weight of bread than it would be after the same amount of honey, and after this latter than after pure white sugar. The addition of bread to the diet seemed also invariably to increase the amount of urea excreted.

The practical conclusions deduced from these experiments are:—

"1. That in all cases and in every stage of diabetes, bread, and probably all other amylaceous food, should be strictly excluded from the diet; for, if given, it will largely increase the amount of urine, urea, and sugar excreted, and in every way aggravate the symptoms of the disease. It is, however, probable that its injurious effect is less felt by an individual who is at the same time taking exercise and much in the open air.

"2. That honey may often be advantageously used as an article of diet, because in some cases, or possibly in some stages, of diabetes a large amount of it may be eaten without materially increasing the weight of urea or sugar excreted; and because, although in other cases an increase of the sugar may occur, this is accompanied by a diminished excretion of urea, and is often very much less in amount than would be represented by the sugar consumed in the form of honey.

"3. That pure white sugar may be added to the diet in diabetes with every prospect of a beneficial result; for its use is accompanied by a diminution in the amount of urea excreted, and when given in large quantities, less than one-sixth of the amount escapes as sugar in the urine, the remainder being either burnt off or otherwise appropriated to the uses of the system."

Art. XIV. *On the Recent Outbreak of Smallpox at St. George's Hospital*, by THOMAS JONES, M.D.—In November and December of 1870, and January and February of 1871, there were twenty cases attacked with smallpox in the hospital; four having received the infection in the house were discharged, and afterwards attacked with the disease; and three were admitted before the appearance of the eruption—the febrile symptoms being attributed to other causes. Of these twenty-seven cases, six died, and three of these were suffering at the time of death from serious organic lesions—of the fatal cases, three were never vaccinated. Of the three that *were* vaccinated, one had the disease in a very mild form, and her death was attributed to extensive mitral disease with dropsy; the other two had the disease in the confluent form—one of whom was at the time suffering from pyelitis; and the other was a delicate female with three indifferent vaccine cicatrices.

There were 21 cases that had been vaccinated. Of these, 14 had vaccine marks of very indifferent quality, and 7 had very good marks. Of those with indifferent marks, 5 had the disease in a very modified form, 2 unmodified, and 7 moderately modified. Of the 7 with good marks, the disease was very slight in all but one, and in this case the attack was certainly modified. One of the vaccinated cases was revaccinated six years ago, but was unsuccessful; and one had smallpox twenty years ago. Two of the cases are *said* to have been vaccinated—one of them had the disease in an unmodified form, and recovered; the other died of confluent smallpox. Three were unvaccinated, and all died.

The disease was introduced into the hospital by one of the patients who was allowed to pass out to visit a friend, who, it appears, was at the time suffering from smallpox, and this was the first case. It is believed that the disease was propagated to the others through the medium of the laundry; the sheets on which the first case slept being washed, without being disinfected, with the rest of the house linen.

This outbreak teaches the following very important lessons:—

"1. That the disease is communicable during the period extending from the commencement of the fever to the appearance of the eruption; and that any cases showing febrile symptoms during such an epidemic as we have lately experienced should be closely watched, in order that they might be isolated early and the linen be thoroughly disinfected.

"2. That the ordinary temperature of the water in which infected sheets are washed—which was *said* in this instance to have been boiling—is not sufficient to destroy the fever-poison.

"3. The importance of disinfection of all linen used by patients suffering from this disease by any of the ordinary disinfectants generally employed. After the 22d or 29th of December all the cases attacked were discovered before the linen-changing days; the sheets were therefore thoroughly steeped in a solution of carbolic acid before they were sent to the laundry. It is a fact worth observing, that but two cases were infected that could be attributed to the sheets after the above dates.

"This outbreak also supplies us with further evidence, if any were required, of the protective power of revaccination against smallpox. On the 12th of

January almost all the patients and inmates were subjected to this operation, and there has not occurred a single case of smallpox since the 14th of January.

"Besides the care taken to disinfect the sheets in all the cases after the 22d of December, much of our immunity from the disease after this date is no doubt to be attributed to revaccination."

Art. XV. *Results of Recent Vaccination in St. George's Hospital*, by Richard Wilson, Esq.—In order to limit the epidemic of smallpox which broke out in St. George's Hospital, all the nurses and patients were vaccinated, with the gratifying result of stopping the spread of the disease. In this paper are given the results of the vaccination.

Art. XVI. *Results of Revaccination in the* 1st *Regiment of Life Guards*, by Edgecombe Venning, Esq.—In this paper are presented the statistics of 478 revaccinations.

Art. XVII. *Annual Report of Medical Cases during the year* 1869, by Reginald E. Thompson, M.D.—From this report we learn that the daily average number of patients in the medical wards was 136 ; the rate of mortality, 13.4 per cent.; mean residence, twenty-six days.

Art. XVIII. *Annual Report of Surgical Cases during the year* 1869, by William Leigh, Esq.—The number of cases admitted was 2013, and the rate of mortality was 5.7 per cent.

Art. XIX. *Ophthalmic Report from October*, 1870, *to February*, 1871, by R. Brudenell Carter, Esq.—This report contains a very full and interesting account of the various diseases of the eye treated in the hospital.

Art. XXI. *Notes taken in a German Feld-Lazareth*, by W. Ewart, Esq.—This paper is a rambling sketch of the observations of a hospital student, made during the Franco-Prussian war, and contains but little of interest to the general reader. I. M. H.

Art. XXVI.—*The Liverpool Medical and Surgical Reports.* Edited by P. M. Braidwood, M.D., and Reginald Harrison, F.R.C.S. Vol. III., pp. 140; and Vol. IV., pp. 200. London: John Churchill & Sons, 1869 and 1870.

Although neither of these volumes is very large, the contributors to them are very numerous. The communications are, consequently, very short, and consist of very little more than reports of cases. Many of these are sufficiently interesting, it is true; but, as a whole, the volume seems to us to represent, to a very limited extent, the intelligence which must exist in the medical profession of so large a city as Liverpool. In fact, the editors seem to have been themselves aware that the communications were insufficient to float the volumes by themselves, for they have appended to both of them abstracts of the proceedings of two societies ; and to the fourth volume, periscopes of Medicine, of Surgery, and of Midwifery and Diseases of Women.

Mr. Robert Hamilton contributes an article on *Carbolic Acid in Surgery*, to the third volume; and one entitled *Illustrations in Operative Surgery* (illustrated). Several cases are reported in the first paper, in which carbolic acid dressings were used. These were found to be especially useful in wounds, opening the knee-joint in compound dislocations, in stabs of great depth, and in large lacerations; and their superiority to water dressings and poultices consists in their greater cleanliness, absence of smell, diminution of discharge,